

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-002098

FILED FEB 6 1962

Registration District No.

Primary Registration District No.

Registrar's No.

387

STATE FILE NUMBER

AMENDED

## 1. PLACE OF DEATH

a. COUNTY

Jackson

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

COUNTY Platte

admission)

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN Kansas CityLength of stay in 1b  
7 Hoursc. CITY  
OR TOWN

Platte City

Inside Limits  
Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION St. Luke's HospitalInside Limits  
Yes ☒ No ☐d. STREET  
ADDRESS(If outside, give location)  
NoneReside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First Thomas

Middle Nathon

Last Wallingford

4. DATE  
OF DEATH

Month January

Day 18,

Year 1962

5. SEX  
Male6. COLOR OR RACE  
White7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐8. DATE OF BIRTH  
2-23-19249. AGE (last birthday)  
37IF UNDER 1 YEAR  
Months Days Hours Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done  
during most of working life, even if retired)  
Station Attendant10b. KIND OF BUSINESS OR INDUSTRY  
Service Station11. BIRTHPLACE (City and state or country)  
Platte City, Mo.12. CITIZEN OF WHAT COUNTRY  
USA

## 13a. FATHER'S NAME

Carl Wallingford

## 13b. MOTHER'S MAIDEN NAME

Louella Anderson

## 14. NAME OF HUSBAND OR WIFE

Jacqueline Wallingford

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
No

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address Missouri

Jacqueline Wallingford Platte City

18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

## DUE TO (b)

## DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURYHour  
a.m.  
Month, Day, Year20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1/17/62 to 1/18/62 and last saw her alive on 1/18/62  
Death occurred at 2:00 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION,  
REMOVAL (Specify)  
Removal

23b. DATE

2-20-1962

23c. NAME OF CEMETERY OR CREMATOR

23d. LOCATION (City, town, or county)

(State)

24. FUNERAL DIRECTOR

ADDRESS

Missouri

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Rollins &amp; Mitchell Platte City, 1-22-62

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

Glenn L. Henry MEDICAL CERTIFICATION

APR 2 1963

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed L. B. Tolles

Licensed Embalmer No. 5110

P. O. Address Ellettsville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.